


<p align="center">REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</p> <p align="center">Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application Number	<u>10/718,908</u>
	Filing Date	<u>November 21, 2003</u>
	First Named Inventor	<u>Randall K. Morse</u>
	Group Art Unit	<u>2877</u>
	Examiner Name	<u>Juan D. Valentin</u>
	Attorney Docket Number	<u>GCSD-1460 (51341)</u>

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

<p>1. Submission required under 37 C.F.R. § 1.114</p> <p>a. <input checked="" type="checkbox"/> Previously submitted</p> <p>i. <input checked="" type="checkbox"/> Consider the amendments/reply under 37 CFR § 1.116 previously filed on <u>December 8, 2006</u> (Any unentered amendment(s) referred to above will be entered).</p> <p>ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>iii. <input type="checkbox"/> Other _____</p> <p>b. <input type="checkbox"/> Enclosed</p> <p>i. <input type="checkbox"/> Amendment/Reply</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</p> <p>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>iv. <input type="checkbox"/> Other _____</p> <p>2. <input type="checkbox"/> Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p> <p>3. Fees (The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.14) when the RCE is filed; Fee calculated as shown below.)</p> <p>a. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 08-0870.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. § 1.17(e)</p> <p>ii. <input checked="" type="checkbox"/> Extension of time fee (37 C.F.R. § 1.137 and 1.17)</p> <p>iii. <input type="checkbox"/> Other _____</p> <p>b. <input checked="" type="checkbox"/> The Director is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Acct. No. 08-0870.</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed).</p>			
<p align="center">SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED</p>			
NAME	Michael W. Taylor, Reg. No. 43,182		
SIGNATURE		DATE	February 9, 2007